

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

8791 7590 11/04/2008

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
 1279 OAKMEAD PARKWAY
 SUNNYVALE, CA 94085-4040

02/09/2009 HUUONG2 00000020 10678897

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christopher P. Marshall	(Depositor's name)
<i>C. P. Marshall</i>	(Signature)
2/4/2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/678,897

10/02/2003

Ashwin Madhwaraj

81862P280

2369

TITLE OF INVENTION: METHOD AND APPARATUS FOR IMPROVED PRIORITY BASED CONNECTION ESTABLISHMENT WITHIN A PNNI ATM NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$0

\$0

\$1510

02/04/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BARON, HENRY

2416

370-395100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BLAKELY, SOKOLOFF, TAYLOR
 & ZAFMAN LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cisco Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Lester J. Vincent

Date

February 4, 2009

Typed or printed name

Lester J. Vincent

Registration No.

31,460

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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(Signature)

(Date) 2/4/2009

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nonprovisional	NO	\$1510	\$0	\$0	\$1510	02/04/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BARON, HENRY	2416	370-395100

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BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

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Authorized Signature

Lester J. Vincent

Date February 4, 2009

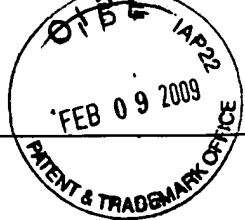
Typed or printed name

Lester J. Vincent

Registration No. 31,460

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FEE TRANSMITTAL FOR FY 2009

(Effective on 10/02/2008. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,510.00

Complete if Known:

Application No. 10/678,897
Filing Date October 2, 2003
First Named Inventor Ashwin Madhwaraj
Examiner Name Baron, Henry
Art Unit 2416
Attorney Docket No. 81862P280

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)

☐ Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

☒ Charge fee(s) indicated below.

☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

☐ Charge fee(s) indicated below except for the filing fee

☒ Credit any overpayments.

☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Large Entity		Small Entity		Fee Description		Fees Paid (\$)
Code	Fee (\$)	Code	Fee (\$)			
1011	330	2011	165	Utility application filing fee	1,090/545	
1111	540	2111	270	Utility search fee		
1311	220	2311	110	Utility examination fee		
1012	220	2012	110	Design application filing fee	460/230	
1112	100	2112	50	Design search fee		
1312	140	2312	70	Design examination fee		
1013	220	2013	110	Plant filing fee	720/360	
1113	330	2113	165	Plant search fee		
1313	170	2313	85	Plant examination fee		
1014	330	2014	165	Reissue filing fee	1,520/760	
1114	540	2114	270	Reissue search fee		
1314	650	2314	325	Reissue examination fee		
1005	220	2005	110	Provisional application filing fee		
SUBTOTAL (1) \$ 0.00						

2. EXCESS CLAIM FEES

Fee Description

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$)

1202 52 2202 26

1201 220 2201 110

1203 390 2203 195

1204 220 2204 110

1205 52 2205 26

Fee Description

Each claim over 20

Each independent claim over 3

Multiple dependent claims, if not paid

Reissue: each claim over 20 and more than in the original patent

Reissue: each independent claim more than in the original patent

Extra Claims

Fee

Fees Paid (\$)

Total Claims _____ - 20 or HP = _____

X \$ 26.00 = _____

HP = highest number of total claims paid for, if greater than 20

Independent Claims _____ - 3 or HP = _____

X \$110.00 = _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims _____ = _____

SUBTOTAL (2) \$ 0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 C.F.R. 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee from below

Fees paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to whole number) X \$135.00 _____

Large Entity

Fee Fee

Code (\$)

1081 270

1082 270

1083 270

1084 270

1085.....270

Small Entity

Fee Fee

Code (\$)

2081 135

2082 135

2083 135

2084 135

2085 135

Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):

Utility

Design

Plant

Reissue

Provisional

SUBTOTAL (3) \$ 0.00

FEE CALCULATION (continued)**4. OTHER FEE(S)****Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	130	2251	65	Extension for reply within first month	
1252	490	2252	245	Extension for reply within second month	
1253	1,110	2253	555	Extension for reply within third month	
1254	1,730	2254	865	Extension for reply within fourth month	
1255	2,350	2255	1,175	Extension for reply within fifth month	
1401	540	2401	270	Notice of Appeal	
1402	540	2402	270	Filing a brief in support of an appeal	
1403	1,080	2403	540	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	540	2452	270	Petition to revive - unavoidable	
1453	1,620	2453	810	Petition to revive - unintentional	
1501	1,510	2501	755	Utility issue fee (or reissue)	1,510
1502	860	2502	430	Design issue fee	
1503	1,190	2503	595	Plant issue fee	
1462	400	1462	400	Petitions to the Commissioner (CFR 1.17(f) Group I)	
1463	200	1463	200	Petitions to the Commissioner (CFR 1.17(g) Group II)	
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	140	2814	70	Statutory Disclaimer	
1810	810	2810	405	For each additional invention to be examined (see 37 CFR 1.19(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,410	1454	1,410	Acceptance of unintentionally delayed claim for priority	

Other fee (specify) _____

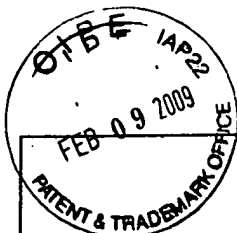
Other fee (specify) _____

SUBTOTAL (4) \$ 1,510.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Lester J. VincentSignature: Date: February 4, 2009Reg. Number: 31,460Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL FOR FY 2009

(Effective on 10/02/2008. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,510.00

Complete if Known:

Application No. 10/678,897
Filing Date October 2, 2003
First Named Inventor Ashwin Madhwaraj
Examiner Name Baron, Henry
Art Unit 2416
Attorney Docket No. 81862P280

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)

☐ Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

☒ Charge fee(s) indicated below.

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Large Entity		Small Entity		Fee Description		Fees Paid (\$)
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
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1111	540	2111	270	Utility search fee		_____
1311	220	2311	110	Utility examination fee		_____
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1313	170	2313	85	Plant examination fee		_____
1014	330	2014	165	Reissue filing fee	1,520/760	_____
1114	540	2114	270	Reissue search fee		_____
1314	650	2314	325	Reissue examination fee		_____
1005	220	2005	110	Provisional application filing fee		_____
SUBTOTAL (1) \$ <u>0.00</u>						

2. EXCESS CLAIM FEES

Fee Description

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	52	2202	26
1201	220	2201	110
1203	390	2203	195
1204	220	2204	110
1205	52	2205	26

Fee Description

Each claim over 20
 Each independent claim over 3
 Multiple dependent claims, if not paid
 Reissue: each claim over 20 and more than in the original patent
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Extra Claims

Total Claims _____ - 20 or HP = _____
 HP = highest number of total claims paid for, if greater than 20
 Independent Claims _____ - 3 or HP = _____
 HP = highest number of independent claims paid for, if greater than 3
 Multiple Dependent Claims _____

Fee Fees Paid (\$)

X \$ 26.00 = _____

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_____ = _____

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1081	270	2081	135	Utility
1082	270	2082	135	Design
1083	270	2083	135	Plant
1084	270	2084	135	Reissue
1085.....	270	2085	135	Provisional

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1505	300	1505	300	Publication fee for republication	
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Other fee (specify) _____

Other fee (specify) _____

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